



FERMILAB

AD/Controls Department

REQUEST FOR ABSENCE FROM THE LABORATORY

Name: _____ **Date:** _____

Type of Leave: _____
(Vacation, Floating Holiday, Leave of Absence, Leave without Pay, Jury Duty,
Military Leave, Laboratory Business)

DATE(S): _____

TOTAL DAYS: _____

Person in charge in your absence if needed: _____

Approvals:

This form should be completed by the employee and approved by his/her supervisor or Department Head. Vacation requested in excess of 10 work days requires the signature of the Department Head and appropriate Associate Division Head. Vacation requested which is greater than 20 work days also requires the signature of the Division Head.

Employee: _____

Supervisor or Dept. Head: _____ **Date:** _____

Associate Division Head: _____ **Date:** _____

Division Head: _____ **Date:** _____